

ATTACHMENT
C
PART 1

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT. TREATING ORGANIZATION (Sign each entry)			
	CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrines () Lipid () Pulmonary () Mental () Neurology () Ortho () General () Other: <i>ASThma</i>			
	SUBJECTIVE: (Chief Complaint)			
<i>1/19/06</i> <i>10:59</i>	<i>feeling yesterday on ice no pain</i>			
	Med. Compliance: <i>good</i>			
	OBJECTIVE: (Review System) Age: <i>35</i> Sex: Male Race:			
	B / P:	P:	Wt: <i>220 lb</i>	T: R / R: SO2%: Peak Flow:
	HEENT: <i>OK</i>		Last Op / Oph. Eval.:	
	Heart: <i>OK</i>			
	Lungs: <i>clear</i>			
	Abdomen:	<i>articular</i>	<i>430</i>	
	Genital / Rectal:	<i>bothersome</i>	<i>400</i>	
	Extremities:	<i>knees</i>	<i>310</i>	
	Neuro:	<i>elbow</i>		
	Recent Lab Results:			
	ASSESSMENT(S):			
	DSM IV Classification			
	Axis I: <i>no</i>	Axis IV: <i>prevalent</i>		
	Axis II: <i>no</i>	Axis V: GAF Score: <i>80</i>		
	Axis III: <i>ASThma</i>			
	Preventive Care:	Diet: <i>yes</i>	Exercise: <i>yes</i>	
	Tobacco Use: <i>no</i>	Medication Side Effects: <i>no</i>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART. / SERVICE	RECORDS MAINTAINED FCI McKear
SPONSOR'S NAME		SSN / ID NO.	RELATIONSHIP TO SPONSOR	

PATIENTS IDENTIFICATION: (For typed or written entries give: Name - last, first, middle;
ID No. or SSN; Sex; Date of Birth; Rank / Grade)

Kevin Sigger

REGISTER NO.

51627-000

WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

PLAN:

no

Patient Education:

- (☒) Discussed Test Results (☒) Discussed Tx Plan
 (☒) Etiology, Complications, Prognosis, Prevention
 (☒) Diet, Diabetic / Cardiac / Disease, Lifestyle Changes (☐) No Smoking
 (☒) Medication Dosage / Administration / Compliance / Side Effects
 (☒) Patient Understood Topics (☒) Verbalized Understanding
 (☒) Instructed If Problems or if running out of medication, should sign up for sick-call or send cop-out.

Diagnostic Studies: (☐) CBC / Dif (☐) U / A (☐) LFT (☐) Chem. Profile (☐) Lipids (☐) HgAlc
 (☐) PSA (☐) Viral Load (☐) CD4 (☐) Toxo Igg. (☐) Hepatitis Panel
 (☐) CXR (☐) EKG (☐) Others:

Consultations: (☐) Optometrist (☐) Ophthalmologist (☐) Orthopedic Surgeon
 (☐) Others:

Referral for Vaccination: (☐) Influenza (☐) Pneumococcal (☐) Other:

Return to Clinic for routine Follow-Up on: *5m*

Treatments(s):

Albuterol 2 puffs QID #1 RF 24
Azmacort 4 puffs BID #1 RF 24
Inhaler 25 ug #1 RF 24

Reviewed By:
 V. Geza, PharmD

1/2
 H. Bean, MD
 FCI McKean

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
7-26-05 1040	<p>5-3540 BME PM - LT Inguinal area - pain after playing football 2 weeks</p> <p>PM - pain mainly PM level LT Inguinal area - 5/10 2 x 2 cm noted pain within the inguinal ring - & pain noted above abdomen - Testicular</p> <p>AT - Inguinal ring strain</p> <p>PM - OTC Advil 200mg III & IV BID for PM - NO E food. No recent X3ms Expires 12-26-05, pte as needed Nutsy</p>
	<p>Jimmie S. Ward, PA-C FCI McKean</p>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Kevin, Stegans
 57627-060

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

MEDICAL RECORD

CHRONOLOGICAL RECORD MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT. TREATING ORGANIZATION (Sign each entry)

CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrines
 () Lipid () Pulmonary () Mental () Neurology () Ortho () General
 () Other: *Asthma*

SUBJECTIVE: (Chief Complaint)8/23/05
1240*breathing on joints knees & elbows
hurts out of inhaler*

Med. Compliance:

OBJECTIVE: (Review System) Age: *35* Sex: Male Race:B/P: *130/80* P: *70* Wt: *261* T: R/R: SO2%: Peak Flow:HEENT: *OK*

Last Op / Opth. Eval.:

Heart: *OK*

Lungs:

*OK**300**360**330*

Abdomen:

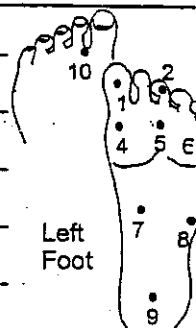
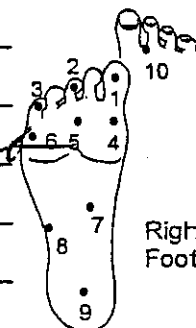
Genital / Rectal:

Extremities:

rem elbows knees OK

Neuro:

Recent Lab Results:

ASSESSMENT(S):Diabetic foot
Screen Test StepsDiabetic foot
Screen Test Steps

DSM IV Classification

Axis I: *no*Axis IV: *measured*Axis II: *no*Axis V: GAF Score: *80*Axis III: *Asthma - D+22*

Preventive Care:

Diet: *yes*Exercise: *yes*Tobacco Use: *no*Medication Side Effects: *no*

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART. / SERVICE

RECORDS MAINTAINED AT

FCI McKean

SPONSOR'S NAME

SSN / ID NO.

RELATIONSHIP TO SPONSOR

PATIENTS IDENTIFICATION: (For typed or written entries give: Name - last, first, middle;
ID No. or SSN; Sex; Date of Birth; Rank / Grade)

REGISTER NO.

51627-260

WARD NO.

Kevin Siger

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA / ICMR

FIRM (1 CFR) 201-202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION	(Sign each entry)
	Pain Level: 1 2 3 4 5 6 7 8 9 10	
	PLAN:	
	Patient Education: <input checked="" type="checkbox"/> Discussed Test Results <input checked="" type="checkbox"/> Discussed Tx Plan <input checked="" type="checkbox"/> Etiology, Complications, Prognosis, Prevention <input checked="" type="checkbox"/> Diet, Diabetic / Cardiac / Disease, Lifestyle Changes <input checked="" type="checkbox"/> No Smoking <input checked="" type="checkbox"/> Medication Dosage / Administration / Compliance / Side Effects <input checked="" type="checkbox"/> Patient Understood Topics <input type="checkbox"/> Verbalized Understanding <input checked="" type="checkbox"/> Instructed If Problems or if running out of medication, should sign up for sick-call or send cop-out.	
	Diagnostic Studies: <input type="checkbox"/> CBC / Dif <input type="checkbox"/> U / A <input type="checkbox"/> LFT <input type="checkbox"/> Chem. Profile <input type="checkbox"/> Lipids <input type="checkbox"/> HgA1c <input type="checkbox"/> PSA <input type="checkbox"/> Viral Load <input type="checkbox"/> CD4 <input type="checkbox"/> Toxo IgG <input type="checkbox"/> Hepatitis Panel <input type="checkbox"/> CXR <input type="checkbox"/> EKG <input type="checkbox"/> Others:	
	Consultations: <input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Orthopedic Surgeon <input type="checkbox"/> Others: <i>elbow screen</i>	
	Referral for Vaccination: <input type="checkbox"/> Influenza <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Other:	
	Return to Clinic for routine Follow-Up on: <i>5mo</i>	
	Treatments(s): <i>A Unilateral ti puff QID #1 REX</i> <i>A3 nasal IV puff Bide #1 REX</i> <i>Indocin 25 mg ti po tid #30 REX</i>	
	Reviewed By: <i>[Signature]</i> V. Geza, PharmD	
	<i>[Signature]</i> H. Beam, MD FCMCKean	

ICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

2/25 @ Came to HCU from work c/o
 030 chest pain x 15 min. Pain 3 on
 1-10 scale w/ some movement of
 arms & palpation mid sternal
 area. SOB & diaphoresis
 @ NAD 97-7F-16 158/74 O₂SAT 98%
 Hx (asthma) skin warm/dry
 lungs CTA & heaving
 mild discomfort & palpation chest
 wall
 Heart - RRR
 @ Cardioenditis
 (P) 1) May use OTC for muscle
 pain
 2) & IV as needed
 agrees to plan

J Glenn FNP-P

9/17/05 See Injury Report for This Time/Date.

1945
 D. Corbin, Paramedic
 FCI McKean

PATIENT OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/CMR
 FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
6/10/05 1025	<p>S: Clo infection to back of neck. As worried about it getting worse again. Also worried about DNA testing. (1) Itchy of scalp</p> <p>O: MAP</p>
	<p>HENT: noted that he had a small area of the occipital area: (1) exudate.</p> <p>A: folliculitis</p>
	<p>P: (1) Education - long talk on DNA Pendants</p> <p>(2) Plu Plu</p>
	<p>(3) selenium sulfide lotion apply to area QD for 15min then wash off dipone #1 R-3</p>
	<p>(4) ledex oint apply to area QD dipone #1 R-3</p>
	<p>Eric Asp PA-C FCI McKean</p>
	<p>Reviewed by D. Olson, MD Date: 6/10/05</p>

SYMPTOMS, DIS. TREATMENT TREATING DR. ACTION (Sign each entry)

CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrines
 () Lipid () Pulmonary () Mental () Neurology () Ortho () General
 () Other: ASThma

4/05
306
SUBJECTIVE: (Chief Complaint)

out of breath - They hurt

Med. Compliance:

OBJECTIVE: (Review System) Age: 34 Sex: Male Race:

B/P: 110/80 P: 70 Wt: 268 T: R/T: SO2%: Peak Flow:

HEENT: na Last Op / Opth. Eval.:

Heart:

Lungs:

Abdomen:

Genital / Rectal:

Extremities:

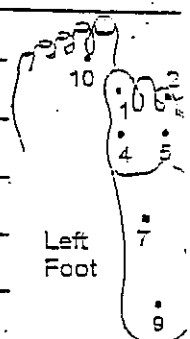
Neuro:

Recent Lab Results:

ASSESSMENT(S):

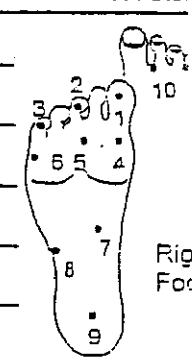
C/o asthma pain
in chest

Diabetic foot:
Screen Test Site



Left
Foot

Diabetic foot:
Screen Test Site



Right
Foot

DSM IV Classification

Axis I:

Axis IV:

Axis II:

Axis V: GAF Score:

Axis III:

Asthma - Stable

Preventive Care:

Diet:

Exercise:

Tobacco Use:

Medication Side Effects:

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART. / SERVICE

RECORDS MAINTAINED /
FCI McKean

SPONSOR'S NAME

SSN / ID NO.

RELATIONSHIP TO SPONSOR

PATIENTS IDENTIFICATION: (For typed or written entries give: Name - last, first, middle;
No. or SSN; Sex; Date of Birth; Rank / Grade)

REGISTER NO.

51627-060

WARD NO.

Kevin Sigger

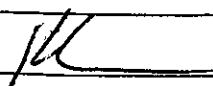
CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Printed by GSA / ICMR

File # 41 CFR 201-202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	Pain Level: <u>10</u> 2 3 4 5 6 7 8 9 10
	PLAN:
	Patient Education: <input checked="" type="checkbox"/> Discussed Test Results <input checked="" type="checkbox"/> Discussed Tx Plan <input checked="" type="checkbox"/> Etiology, Complications, Prognosis, Prevention <input checked="" type="checkbox"/> Diet, Diabetic / Cardiac / Disease, Lifestyle Changes <input type="checkbox"/> No Smoking <input checked="" type="checkbox"/> Medication Dosage / Administration / Compliance / Side Effects <input checked="" type="checkbox"/> Patient Understood Topics <input checked="" type="checkbox"/> Verbalized Understanding <input checked="" type="checkbox"/> Instructed If Problems or If running out of medication, should sign up for sick-call or send cop-out.
	Diagnostic Studies: <input type="checkbox"/> CBC / Dif <input type="checkbox"/> U / A <input type="checkbox"/> LFT <input type="checkbox"/> Chem. Profile <input type="checkbox"/> Lipids <input type="checkbox"/> HgAlc <input type="checkbox"/> PSA <input type="checkbox"/> Viral Load <input type="checkbox"/> CD4 <input type="checkbox"/> Toxo Igg. <input type="checkbox"/> Hepatitis Panel <input type="checkbox"/> CXR <input type="checkbox"/> EKG <input type="checkbox"/> Others:
	Consultations: <input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Orthopedic Surgeon <input type="checkbox"/> Others:
	Referral for Vaccination: <input type="checkbox"/> Influenza <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Other:
	Return to Clinic for routine Follow-Up on: <u>9mo</u>
	Treatments(s): <u>Allbutal $\frac{1}{4}$ puff Bid \times 3</u> <u>Aznacort $\frac{1}{4}$ puff Bid \times 3</u> <u>metronidazole 800mg \times 10 tid \times 30 RF</u>
	Reviewed By: <u>V. Goza, PharmD</u> <div style="text-align: right;">  H. BEAM, M.D. FCI-MCKEA </div>

NSN 7540-00-434-4176

AUTHORIZED FOR LOCAL R

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

3/10/05
1580

Adm. Account

All critical $\frac{1}{2}$ puff QID $\frac{1}{2}$ R² 3
 Azmacort $\frac{1}{2}$ puff BID $\frac{1}{2}$ R² 3
 Bacitracin sent me bid $\frac{1}{2}$ R² 0

RUC. Clinic

Reviewed By
 V. Geza, PharmD

H. BEAM, MD
 FCI MCKEAN

3/24/05
0745

See Injury Report

Reviewed By
 V. Geza, PharmD

Dennis Olson, MD
 Physician

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT
FCI McKean

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
 Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

51627-0600

Kevin Siggers

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/CMR
 FIRM (41 CFR) 201-9.202-1

DATE: SYMPTOMS, DIA: SIS, TREATMENT, TREATING ORG: ATION (Sign each entry)

CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrines
() Lipid () Pulmonary () Mental () Neurology () Ortho () General
() Other: *ASThma*

SUBJECTIVE: (Chief Complaint)

(21) 04
breathing - on. lately a little worse
C/O sore @ elbow

Med. Compliance:

OBJECTIVE: (Review System) Age: *35* Sex: Male Race:

B/P: *90/60* P: *70* Wt: *210.8* T: R/T: SO2%: *Peak Flow:*

HEENT: *all*

Last Op / Opth. Eval.:

Heart:

Lungs:

Abdomen:

Genital / Rectal:

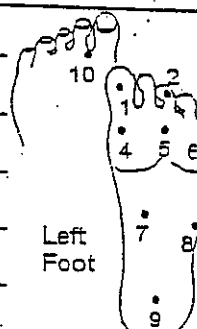
Extremities:

Neuro:

Recent Lab Results:

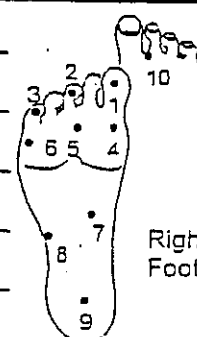
ASSESSMENT(S):

Diabetic foot
Screen Test Steps



Left
Foot

Diabetic foot
Screen Test Steps



Right
Foot

DSM IV Classification

Axis I:

Axis IV:

Axis II:

Axis V: GAF Score:

Axis III:

ASThma *tendinitis @ elbow*

Preventive Care:

Diet:

Exercise:

Tobacco Use:

under hex / no

Medication Side Effects:

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART. / SERVICE

RECORDS MAINTAINED AT

FCI McKean

SPONSOR'S NAME

SSN / ID.NO.

RELATIONSHIP TO SPONSOR

IDENTIFICATION: (For typed or written entries give: Name - last, first, middle;
or SSN; Sex; Date of Birth; Rank / Grade

REGISTER NO.

WARD NO.

51627-060

Kevin Sigger

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Printed by GSA / ICMR

File # 41 CFR 201-202-1

DATE: SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

Pain Level: 1 2 3 4 5 6 7 8 9 10

PLAN:

Patient Education:

- () Discussed Test Results () Discussed Tx Plan
 () Etiology, Complications, Prognosis, Prevention
 () Diet, Diabetic / Cardiac / Disease, Lifestyle Changes () No Smoking
 () Medication Dosage / Administration / Compliance / Side Effects
 () Patient Understood Topics () Verbalized Understanding
 () Instructed If Problems or if running out of medication, should sign up for sick-call or send cop-out.

Diagnostic Studies: () CBC / Dif () U / A () LFT () Chem. Profile () Lipids () HgA1c
 () PSA () Viral Load () CD4 () Toxo Igg. () Hepatitis Panel
 () CXR () EKG () Others:

Consultations: () Optometrist () Ophthalmologist () Orthopedic Surgeon
 () Others:

Referral for Vaccination: () Influenza () Pneumococcal () Other:

Return to Clinic for routine Follow-Up on: 4 mo

Treatments(s):

Aletrical ii puff Bid to RC 3
 Azmacort ii puff Bid #1 RC 3

Reviewed By:
 V. Geza, PharmD

H. BEAM, MD
 FCI MCKEAN

EDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
1/12/04	<p>(S) 34 y/o APO⁺ % Gen. Malaise - Tired / Weak. Onset ~ 2 wks. Denies Pain, URTI, other Sx's. Request 1 for Diabetes 2^o FDMH → IDDM. Hx - GC/Chlamydia - (+) Successful Rx & (+) Risky Behavior since resolved; (+) discharge Penic. Amphotericin Reports → Mild dysuria x 1 mo. c. Guadalupe L⁺ BM's neg. - QD/OID, (+) strain, (+) Brown L⁺ (+) Back Pain, (+) Blood. Asthma - doing well - Employ Meds as scripted. (+) (+) Smoking x 1 w/k. Denies - Cough/Wheezing/Ch. (Q) CAO x3, NAD, Ambulatory, (+) Affect (Ks) 138/78, 67, 12 Temp 97.5 & SpO₂ 98% PEF's @ 525/550/600 HT 5'11" & WT @ 255 ⇒ BMI #35 (Obesity I/II) Heart → Unremarkable (+) Tach 1⁺ Smooth & Regular Chest → CTAB (+) Wheezing (+) HRT - PRR, S, S₂ & murmur ABD → SNT, (+) BS's x 4 quadr. Mild LT. CVA tend. Groin → Penis Intact & Lacer & discharge Scrotum - Testicle x2, (+) Mass, (+) Tender Rectum → Hemorrhoid, (+) Sphincter Tone; (+) Guaiac L⁺ DRE - Prostate - Sym. Smooth, Multifocal UVERV - CN II-XII Grossly Intact (+) DTRs 2⁺ (+) Reflex 2⁺</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
PONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

FCI McKean

SIGGERS, Kevin
 51627
 0600

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

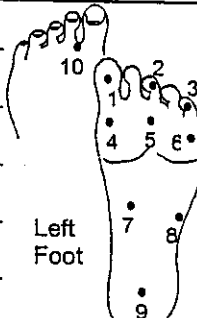
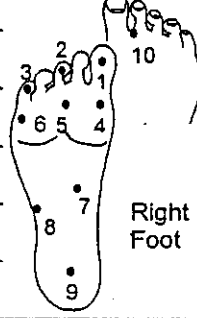
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

~~Reviewed By:~~
~~V. Geza, PharmD~~

Reviews: J. Olson, M.D.
Date: 10/12/04

Robert E. Piotrowski, PA-C
FCI McKean

MEDICAL RECORD CHRONOLOGICAL RECORD C MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT. TREATING ORGANIZATION (Sign each entry)	
	CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrines () Lipid () Pulmonary () Mental () Neurology () Ortho () General () Other: <i>Asthma LBP</i>	
	SUBJECTIVE: (Chief Complaint) <i>12/24/04 non compliant LBP x 3 wk /</i> <i>1045 Mr. & Mrs. Haller</i>	
	Med. Compliance:	
	OBJECTIVE: (Review System) Age: <i>34</i> Sex: Male Race:	
	B / P: <i>110/70 P: 70</i> Wt: <i>255 1/2</i> T: R / R: SO2%: Peak Flow:	
	HEENT: <i>all</i> Last Op / Opth. Eval.:	
	Heart: <i>all</i>	Diabetic foot Screen Test Steps  Left Foot
	Lungs: <i>clear</i>	
	Abdomen: <i>230</i>	
	Genital / Rectal: <i>200</i>	
	Extremities: <i>430</i>	Diabetic foot Screen Test Steps  Right Foot
	Neuro: <i>SRCE</i>	
	Recent Lab Results:	
	ASSESSMENT(S):	
	DSM IV Classification	
	Axis I:	Axis IV:
	Axis II:	Axis V: GAF Score:
	Axis III: <i>Asthma - LBP</i>	
	Preventive Care:	Diet: <i>all</i> Exercise: <i>yes</i>
	Tobacco Use: <i>stopped</i>	Medication Side Effects: <i>no</i>

HOSPITAL OR MEDICAL FACILITY	STATUS <i>discharge</i>	DEPART. / SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN / ID NO.	RELATIONSHIP TO SPONSOR	

PATIENTS IDENTIFICATION: (For typed or written entries give: Name - last, first, middle; No. or SSN; Sex; Date of Birth; Rank / Grade	REGISTER NO. <i>516 27-062</i>	WARD NO.
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Kevin Sigger

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT. TREATING ORGANIZATION (Sign each entry)
	Pain Level: 1 2 3 <u>4</u> 5 6 7 8 9 10
	PLAN:
	<i>Beck</i>
	Patient Education:
	(<input checked="" type="checkbox"/>) Discussed Test Results (<input checked="" type="checkbox"/>) Discussed Tx Plan
	(<input checked="" type="checkbox"/>) Etiology, Complications, Prognosis, Prevention
	(<input checked="" type="checkbox"/>) Diet, Diabetic / Cardiac / Disease, Lifestyle Changes (<input checked="" type="checkbox"/>) No Smoking
	(<input checked="" type="checkbox"/>) Medication Dosage / Administration / Compliance / Side Effects
	(<input checked="" type="checkbox"/>) Patient Understood Topics (<input type="checkbox"/>) Verbalized Understanding
	(<input type="checkbox"/>) Instructed If Problems or if running out of medication, should sign up for sick-call or send cop-out.
	Diagnostic Studies: (<input type="checkbox"/>) CBC / Dif (<input type="checkbox"/>) U / A (<input type="checkbox"/>) LFT (<input type="checkbox"/>) Chem. Profile (<input type="checkbox"/>) Lipids (<input type="checkbox"/>) HgA1c (<input type="checkbox"/>) PSA (<input type="checkbox"/>) Viral Load (<input type="checkbox"/>) CD4 (<input type="checkbox"/>) Toxo Igg. (<input type="checkbox"/>) Hepatitis Panel (<input type="checkbox"/>) CXR (<input type="checkbox"/>) EKG (<input type="checkbox"/>) Others:
	Consultations: (<input type="checkbox"/>) Optometrist (<input type="checkbox"/>) Ophthalmologist (<input type="checkbox"/>) Orthopedic Surgeon (<input type="checkbox"/>) Others:
	Referral for Vaccination: (<input type="checkbox"/>) Influenza (<input type="checkbox"/>) Pneumococcal (<input type="checkbox"/>) Other:
	Return to Clinic for routine Follow-Up on: <i>5 mo</i>
	Treatments(s):
	<i>Albuterol 10 puffs Qid #1 RFX</i>
	<i>Azmacort 10 Bid #1 RFX</i>
	<i>Discontinue → Singulair 10mg (not taking)</i>
	<i>Motrin 800mg TID #30 RFX</i>
	Reviewed By: <i>[Signature]</i> V. Geza, PharmD
	<i>[Signature]</i>
	H. BEAM, MD FCI MCKEAN

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

25/14/04
1950

Please See Injury Report For this date / time, along w/ id/c for 5/15/04

B. Douthit EMT-P

B. Douthit, EMT-P
FCI McKean

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

FCI McKean

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
Date of Birth; Rank/Grade.)

REGISTER NO.

51627-060

WARD NO.

Siggers, Kevin

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR

FIRM (41 CFR) 201-9.202-1

Case 1:03-cv-00555-SJM-SFB Document 48-5 Filed 02/16/2006 Page 19 of 41

CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrines
() Lipid ~~() Pulmonary~~ () Mental () Neurology () Ortho () General
() Other:

SUBJECTIVE: (Chief Complaint)

Med. Compliance: Last Apparent Intake

OBJECTIVE: (Review System) Age: Sex: Male Race:

B/P: 110/90 P: 70 Wt: 263 T: / R/R: 14 SO2%: Peak Flow: 310

HEENT: _____ Last Op / Opth. Eval.: _____

Heart: RRA, 84, 86

Lungs: Clear

Abdomen:

Genital / Rectal:

Extremities: *normal*

Neuro:

Recent Lab Results:

ASSESSMENT(S): (1) *NSH*

DSM IV Classification

Axis IV:

Axis V:

Axis III:

Diet: OK

Exercise:

Tobacco Use: NO

Medication Side Effects: none

PITAL OR MEDICAL FACILITY

STATUS

DEPART. / SERVICE

RECORDS MAINTAINED AT
FCI McKean

NSOR'S NAME

SSN / ID NO.

RELATIONSHIP TO SPONSOR

IDENTIFICATION: (For typed or written entries give: Name – last, first, middle;
g. or SSN; Sex; Date of Birth; Rank / Grade)

REGISTER NO

WARD NO.



CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA / ICMR

FIRMR (41 CFR) 201-202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT. TREATING ORGANIZATION (Sign each entry)
	Pain Level: 1 2 3 4 5 6 7 8 9 10
	PLAN:
	Patient Education:
	() Discussed Test Results <input checked="" type="checkbox"/> Discussed Tx Plan
	<input checked="" type="checkbox"/> Etiology, Complications, Prognosis, Prevention
	() Diet, Diabetic / Cardiac / Disease, Lifestyle Changes () No Smoking
	<input checked="" type="checkbox"/> Medication Dosage / Administration / Compliance / Side Effects
	<input checked="" type="checkbox"/> Patient Understood Topics () Instructed If Problems
	or if running out of medication, should sign up for sick-call or send cop out.
	Diagnostic Studies: () CBC / Dif () U / A () LFT () Chem. Profile () Lipids () HgAl
	() PSA () Viral Load () CD4 () Toxo Igg. () Hepatitis Panel
	() CXR () EKG () Others:
	Consultations: () Optometrist () Ophthalmologist () Orthopedic Surgeon
	() Others:
	Referral for Vaccination: () Influenza () Pneumococcal () Other:
	Return to Clinic for routine Follow-Up on: 3 mo
	Treatments(s):
	① Proventil inhaler 2 puffs QID PRN H1 Rx
	② Albuterol inhaler 4 puffs BID H1 Rx
	③ Singulair 10mg QD H2O RX3
	④ Naproxen 250mg BID PRN H21
	Reviewed By:  V. Geza, PharmD
	 Dennis Olson, MD Physician

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
12/26/04 0640hr	<p>(5) 33 y/o AA Asthmatic on c/o Epinephrine dizzy & Facial/Frontal HA's x 8 days - Denies - Syncope, V Vision, HL, NVD, URI, wheezing/cough - Reports - dizzy as short L/min burst vertigo & sense of visual sparkles (+) ↑ Snoring Per C-ante - Reports - Asthma in ✓ c. Reg. use asthma Meds as scripted (9) CAO X3, NAD, Ambulatory, Pappet, NL Card (V5) 120/78, 68, 12, Temp 97.0 FSG - 114 (last intake 2/5/04) PF's - 425/400/450 Ears → TM's Intact & Retracted & Fluct Nose → (+) Mucosal Edema & Boggy Turbinate Tonsils/Mucous Membr. Seen Face → (+) Tender P's & Pulpate Pericard. (LTZ) & Crusting Oral → Intact, & Lesion, & PPD Erythema & Tonsils 2+ Smooth Neck → SNT, F-Pom, & LA, & Tonsils, & Brachio. & Exudate Chest → CTA (B) & Wheezing; HRT's RRR, S, & 2, & Murmur Abdom → PERRLA, EOMI, & Prox. Tachycardia, CN's II-XII Grossly Intact & Rhin & Hallpike (P) Rhinosinusitis, PPR, Asthma Positive nasal spray via Community - 11 spray/noise TID Activated & 10 QID/POH x 5 days #20 & 10 nasal ins @ 11/10/04 BID #1 & 10 Continue Meds & Advise via Comm. 11/10/04 Educ. Understand & F/U Dr. Bean per 1 x mos.</p>		
viewed by: Geza, PharmD			
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME Robert E. Piotrowski, PA-C FCI McKean	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 51627-060	WARD NO.

Siggers, Kevin

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/20/04 0930	<p>⑤ Cont. to c/o rt. hip pain Hx 65w 1984 & hardware & possible arthritis pain 6 on 1-10 scale Plays ball @ ASD. Amb. 5 problems</p> <p>Wound & edema, FROM no difficulty ambulating or getting up and down from exam table. Plays basketball</p> <p>④ c/o Rt. hip pain R/o arthritis</p> <p>③ 1) Cont. to use OTC pain med</p> <p>2) X-ray Rt. hip</p> <p>3) Educated on use of OTC, plan of care, F/U after X-rays Agreed to plan</p> <p>J. Glenn FNP-C FCI McKean</p>

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

CLINIC(S): () Cardiac () Hypertension () Diabetes () Infectious () Endocrine
 () Lipid () Pulmonary () Mental () Neurology () Ortho () General
 () Other: *Asthma*

SUBJECTIVE: (Chief Complaint)

1/30/04
1310
feeling better on inhaler
no sequelae from assault

OBJECTIVE: (Review System) Age: *33* Sex: Male Race:B/P: *100/60* P: *70* Wt: *250* T: R/R: SO2%: Peak Flow:HEENT: *OK* *lot of c/w* Last Op/Ophth. Eval:Heart: *OK* *MEWT neg*Lungs: *clear* *300*Abdomen: *330*Genital/Rectal: *290*

Extremities:

Neuro: *c/o hemiparesis*

Recent Lab Results:

ASSESSMENT(S):
DSM IV Classification

Axis I:

Axis II:

Axis III: *Asthma*

Preventative Care: Diet

Exercise *+/*Tobacco Use: *no*Medication Side Effects: *no*

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

INSUROR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

FCI McKean

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

*51627-060**Kenneth Sigger*CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
Issued by GSA/ICMR
Form 4 (4-78) 201-9.202-1

SYMPTOMS	AGNOSIS	TREATMENT	TREATING ORG.	LOCATION (Sign each entry)									
				1	2	3	4	5	6	7	8	9	10
Pain Level: <u>no</u>													
PLAN:													
Patient Education:													
() Etiology, Complications, Prognosis, Prevention () Diet, Diabetic/Cardiac/													
Disease, Lifestyle Changes () No Smoking () Medication Dosage/Administration/													
Compliance/Side Effects () Patient Understood Topics () Instructed if problems													
or if running out of medication, should sign up for sick-call or send cop out.													
Diagnostic Studies: () CBC/Diff () U/A () LFT () Chem Profile () Lipids () HgAlc													
() PSA () Viral Load () CD4 () Toxo Igg. () Hepatitis Panel													
() CXR () EKG () Others:													
Consultations: () Optometrist () Ophthalmologist () Orthopedic Surgeon													
() Others:													
Referral for Vaccination: () Influenza () Pneumococcal () Other:													
Return to Clinic for routine Follow-Up on: <u>3m</u>													
Treatment(s):													

Albuterol ii puffs Qid #1 RFE2
 Azmacort IV puffs Bid #1 RFE2
 (add) Singulair 10mg po QD #30 RFEV
 Benadryl 25mg po tid #30 RFE3
 Dulcolax tabs 5mg ii po QD #10 RFE5

Steven Labrozzi, RPh
 Pharmacist

H. BEAM, MD
 FCI MCKEAN

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
	SHU Sick call
11/29/03 2120	④ 4% recurrence of neck infection (see 3/12, 3/20, 3/28/03) x 1 week.
	① NAD T = 97.7° F
	SKIN: ④ 0.5 cm induration at nape of neck ⑤ suppuration.
	① Furuncle
	① 1. Tetracycline 500mg Tpo ac +hs on empty stomach with full glass of water.
	2. Pt. understands Tx plan. 3. FU pin via SHU S/C.
	Reviewed By: <i>[Signature]</i> V. Geza, PharmD
	<i>[Signature]</i> Steven Labrozzi, PA-C Physician Assistant
	REVIEWED BY: <i>[Signature]</i> 12/11/03 H. BEAM, MD FCI MCKEAN
12/19/03 1700	Adm needs FU x 2 HIT on prommeter 7/23/03 with order
	<i>[Signature]</i>
12/30/03 1030	Immg to given 37 pp. Medical Records
	H. BEAM, MD FCI MCKEAN <i>[Signature]</i> T. Petruzzi, HIT
	WIC... b... ...

EDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
10/29/03	4 pages of medical records	T. Petruzzi, HIT
1/230		T. Petruzzi, HIT
11-15-03	Please see incident report	R. Saylor, CN-P
11-15-03	Steven Labrozzi, RPh Pharmacist	BONNIE SAYLOR, CN-P CERTIFIED NURSE PRACTITIONER
11/19/03	Chronic back	
11/19/03	9/11 attack assaulted yesterday suffering blow to face & temporary loss of consciousness & cable bridge of nose	
SITU	needed inhaler in situ	
	of alert - look on swelling of bridge of nose & at 6 eyes 1 cm burst of skin bridge of nose - well approximated in naturally position Eyes: vision is, field intact	
	M facial contusion - small laceration bridge of nose	
11/20/03	P/P Ted. reassurance, keep laceration clean soap & water	P/a chronic care & prom
Reviewed By	Albuterol & puffoid #1 RPR	
V. Geza, PharmD	Azmacort & puffoid #1 RPR	
HOSPITAL OR MEDICAL FACILITY	SSN/ID NO.	RECORDS MAINTAINED AT
SPONSOR'S NAME	RELATIONSHIP TO SPONSOR	FCI McKean
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO.	WARD NO.
	51627-060	H. BEAM, MD FCI MCKEAN

Pizzers, Kevin

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

SYMPTOMS, L		DYSIS, TREATMENT, TREATING ORGAN		ON each page	
CLINIC(S): () Cardiac () Hypertension () Diabetes () Infectious () Endocrine					
() Lipid () Pulmonary () Mental () Neurology () Ortho () General					
() Other: <u>Asthma</u>					
12/03 SUBJECTIVE: (Chief Complaint) :					
45 C/O itching face & legs					
Asthma inhaler 1 to 4 x 1 day					
4 clonidine					
OBJECTIVE: (Review System) Age: <u>32</u> Sex: <u>Male</u> Race: _____					
B/P: <u>100/70</u> P: <u>70</u> Wt: <u>247</u> T: _____ R/R: _____ S02%: _____ Peak Flow: _____					
HEENT: <u>OK no run</u> Last Op/Ophth Eval: _____					
Heart: <u>OK</u> 210					
Lungs: <u>Clear</u> 200					
Abdomen: _____ 200					
Genital/Rectal: _____					
Extremities: _____					
Neuro: _____					
Recent Lab Results: _____					
ASSESSMENT(S):					
DSM IV Classification					
Axis I: <u>Symptoms Stable</u>					
Axis II: _____					
Axis III: <u>Asthma</u>					
Preventative Care: Diet <u>watch</u> Exercise <u>yes</u>					
Tobacco use: <u>quit</u> Medication Side Effects: <u>no</u>					
OR MEDICAL FACILITY		STATUS		DEPART./SERVICE	
				RECORDS MAINTAINED AT FCI McKean	
S NAME		SSN/ID NO.		RELATIONSHIP TO SPONSOR	
IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)				REGISTER NO. <u>51627-060</u>	
				WARD NO.	

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600-REV. 6-97
Prescribed by GSA/ICMR
RRMR (41 CFR) 201-9.202-1

Kevin Sigger

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
	Pain Level: <u>2</u> 2 3 4 5 6 7 8 9 10	
	PLAN:	
	Patient Education:	
	(<input checked="" type="checkbox"/> Etiology, Complications, Prognosis, Prevention (<input checked="" type="checkbox"/> Diet, Diabetic/Cardiac/	
	Disease, Lifestyle Changes (<input checked="" type="checkbox"/> No Smoking (<input checked="" type="checkbox"/> Medication Dosage/Administration/	
	Compliance/Side Effects (<input checked="" type="checkbox"/> Patient Understood Topics (<input checked="" type="checkbox"/> Instructed if problems	
	or if running out of medication, should sign up for sick-call or send cop out.	
	Diagnostic Studies: (<input type="checkbox"/> CBC/Diff (<input type="checkbox"/> U/A (<input type="checkbox"/> LFT (<input type="checkbox"/> Chem Profile (<input type="checkbox"/> Lipids (<input type="checkbox"/> HgA	
	(<input type="checkbox"/> PSA (<input type="checkbox"/> Viral Load (<input type="checkbox"/> CD4 (<input type="checkbox"/> Toxo Igg. (<input type="checkbox"/> Hepatitis Panel	
	(<input type="checkbox"/> CXR (<input type="checkbox"/> EKG (<input type="checkbox"/> Others:	
	Consultations: (<input type="checkbox"/> Optometrist (<input type="checkbox"/> Ophthalmologist (<input type="checkbox"/> Orthopedic Surgeon	
	(<input type="checkbox"/> Others:	
	Referral for Vaccination: (<input type="checkbox"/> Influenza (<input type="checkbox"/> Pneumococcal (<input type="checkbox"/> Other:	
	Return to Clinic for routine Follow-Up on: <u>3mo</u>	
	Treatment(s):	
	Albuterol π puffs qid #1 RFT	
	Azwardit π puffs Bid #1 RFT	
	Prednisone 5mg 8po and clearers	
	one Q2 days #72 RFT	
	Benadryl 25mg π po tid #30 RFT	
	Reviewed By: V. Geza, PharmD	
	H. BEAM, MD FCI MCKEAN	

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
10/17/03 0900	<p>(S) c/o skin itching & bumps on elbows x 2 / wk</p> <p>(O) NAD</p> <p>exam - rash & erythema elbows - few dry areas</p> <p>(A) subjective itching</p> <p>(P) 1) Benadryl 25 mg \div po BID prn #15 NR</p> <p>2) Hydrocortisone cream to areas on elbows BID #1 NR</p> <p>3) Educated on Rx, use warm H₂O not hot, & 4/10 care verbalized understanding</p> <p><i>[Signature]</i> J. Glenn LNP-TC</p> <p>Reviewed By: V. Geza, PharmD</p> <p>J. Glenn LNP-TC</p>

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
8/7/03 (140)	Adm CXR = Hilar prominence P/A recommended Plan - F/u CXR 3mo H. BEAM, MD FCI MCKEAN

9-17-03 1140	<p>Si c/o constipation "off + on = 2 wks." Using metammil 5 relief. ⊕ internal hemorrhoids causing pain & discomfort. Seals by Di. N.D.D. A: Constipation & internal hemorrhoids P: Max Atroate #1, drink whole dose. 8 R. PT. education re: constipation R.R. p.r.v. PT. understands. P: F. b. n. r. t. h. p. u. t. i. s. & H. u. o. #30 + J. n. B. s. u. p. v. o. c. Reviewed By: V. Geza, PharmD</p>
-----------------	---

9/23/03 0930	<p>Adm out of Alcatraz Refill Alcatraz if puff Qid #1 P.R. 2 Steven Labrozzi, RPh Pharmacist</p>
-----------------	--

HOSPITAL OR CLINIC NAME	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	H. BEAM, MD FCI MCKEAN
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 57627-060
			WARD NO.

Karin Siggers

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
7-3-03 0950	<p>S: C/O "pain in chest that hurts and hurts more & talking and deep breaths". Pain = 4/10. Pt. feels may be stress. Requests meeting & Dr Rhinehart.</p> <p>O: NAD. Appears well. Talking and moving easily & no signs of discomfort. appears relaxed.</p> <p>A: Chest discomfort vs. anxiety</p> <p>P: Continue meds as prescribed by Mr. Luchessa.</p> <p>- Consult & Dr Rhinehart. Reassure EM. (Requesting sickle for 1 week - denied.) Pt. comforted w/ stress reduction. KTC p.v. Pt. understands.</p> <p style="text-align: right;">B. Sarfo M.D.</p>
7/16/03 0845	<p>S: C/O having breathing problems - states when exertions and/or laying down at night. States albuterol helps him breathe, but keeps him up. He found out that his job can possibly lead to silicosis. He does smoke - cigars ~ 3 a day, for last 5 years. Died illegal (marijuana) "a lot of pot" before incarceration. C/O ear infection</p> <p>O: NAD</p> <p>Hpart: PRR, S1, S2</p> <p>Lung: CTA bilateral, ⊕ wheezes, rales, rhonchi</p> <p>HEENT: wnl</p> <p>A: anxiety, no. employment</p> <p>P: ① Flu PRN</p> <p>② check for schedule of CTR</p> <p>③ continue care</p> <p style="text-align: right;">Eric ASP PA-C</p>

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
4/14/03	⑤ rev abscess at nape of neck. IMIS placed & results
1340	② Erythema, @ suppuration slight induration / mass still palpable b/c b/c yob
	① Abscess, resolving
	② 1. Finish TCN.
	2. No further Antibiotics
	3. Rtc if abscess re-grows.
	Steven Labrozzi, PA-C Physician Assistant
5/14/03	Inmate Rec'd 4078 Medical Records T. Petruzzi, HIT
1030	
6-24-03	⑤ 4% SOB upon exertion like tightness or heaviness in chest % resolved. * 5 days. only at night
24 June 03	
0815	① NAD T=97.4°F BP= 132/86 wt=253 lbs HEENT: ① tenderness to sinus tenderness Turbinate + 25% Several hemorrhagic sites / blood crusts seen in ② nostril. LUNGS: CTA. No wheezes.
	① Epistaxis R/L dry nasal passageways. ② Exertional Dyspnea.
	① 1. Albuterol 1-2 puffs QID p.m. #1 NR 2. Saline Nasal Spray 2 sprays QID AND p.m. #1 R x 2 3. WEIGHT LOSS! ↑ water intake 4. IM ED: use of melo. IM underbuds. 5. Rtc p.m.
	Steven Labrozzi, PA-C Physician Assistant

6/24/03
Reviewed By: V. Geza, PharmD

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	FOI MARKER
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 57627 060	WARD NO.

Siggers, Kevin

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
3/21/03 1500	<p>③ Rev abscess on posterior neck. IM has no complaints. behind abscess has 1 in size</p> <p>④ 2-1.5 cm raised mass, posterior neck 5 point. ④ suppurative</p> <p>④ Abscess</p> <p>④ 1. Continue Keflex 2. Continue hot compresses 3. Rev in 5 days</p> <p style="text-align: right;">S. Lago Steven Labrozzi, PA-C Physician Assistant</p>
3/26/03 1415h	<p>Adm</p> <p>Culture: methicillin resistant Staph Aurea Sensitive Bacitracin-TCN</p> <p>Stop Keflex (resistant) ↓ Allergic</p> <p>Rx Bacitracin DS 7 po Bid #20 RPO Tetracycline 500mg Qid #40 RPO <i>LM</i></p>
4/8/03 error 4-7	<p>③ Rev abscess</p> <p>④ Nodule as on 3/25: somewhat smaller.</p> <p style="text-align: right;">H. BEAM, MD FCI MCKEAN</p>
4/7/03 1400	<p>④ Abscess</p> <p>④ 1. Tetracycline HCl TCN 500mg Tpo on empty stomach QID x 10 more days #40 NR</p> <p>2. Rev in 7 days.</p>
4/7/03 Violante Geza, PharmD, RPh Chief Pharmacist	<p style="text-align: center;">Stop</p> <p style="text-align: right;">Steven Labrozzi, PA-C Physician Assistant</p>

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

2/12/03 0730 (S) Requests bandage for abscess and pain medication. (See note 3-11-03) Pain 5 on 1-10 scale

(NAD 988)

exam - 1 cm abscess rt. side of neck & drainage

(A) abscess

(P) 1) ~~Modrin 500 mg~~ error/pt 2/14/03

1) Tylenol 500 mg ii po q8^o #30 Rx1

2) Cont. Keflex pu order

3) Educated on Rx & Treatment plan

4) F/U in 2 days, sooner if symptoms

[Signature]

JGLENN EMP-C

3/02/03

1000

(S) F/U for abscess: see 3-12. 1PM STATES: abscess is much smaller

(S) 2-3 cm indentation on right side of neck in scalp line

(S) suppuration (S) evidence of prior hemorrhage / hemorrhage under

(A) Abscess

(P) 1. Keflex 500mg $\text{ii po QID x 10 more days}$ #40 NR

2. MRSA C+S. / culture work-taken

3. Re-eval Abscess in 15 days.

Steven Labrozzi, PA-C

Physician Assistant at FCI McKean

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

51627.060

Siggers, Kevin

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
2/3/03 1145	<p>⑤ Hx for dog A, pain 2 on 1-10 scale, taking med as ordered</p> <p>⑥ NAD 98²</p> <p>lt. arm - ↓ edema & erythema scent drainage noted area open</p> <p>⑦ F/U abscess/cellulitis</p> <p>⑧ 1) Cont. Keflex 2) Bacitracin oint. to area BID & bandaid Δ</p> <p>3) Supplies sent to inmate</p> <p>4) Return 2/4/03 for recheck</p> <p>5) Educated on above</p>

J GLENN FMP-C

Reviewed by D. Olson, MD
Date: 2/3/03

Side call

3/11/03 1330	<p>S/3240 c-stay the of Britan @ port ena wall</p> <p>1) 1cm boil @ port wall 7966</p> <p>2) Boil</p> <p>3) Hot packs BID P500</p> <p>Keflex 500 ugn 7/10 BID #40</p> <p>Recheck PMW</p>
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3/11/03

U. Ga. Pharm

Violette Geza, PharmD, RPh
Chief Pharmacist

H. BEAM, MD
FCI MCKEAN

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1/1/03 1230 cont)	1) Keflex 500 mg $\dot{\bar{r}}$ QID x 10 days #8 given (after hrs. phs) NK 2) Motrin 800 mg $\dot{\bar{r}}$ po TID prn c food/milk #8 given (after hrs ph) #20 NK 3) Heat to area, elevate 4) F/U 2/2/03 12:30 \bar{c} NP 5) Educated on Rx, wound care & F/U J Glenn LNP-C

Reviewed by D. Olson, MD

Date: 2/3/03

J GLENN FMP-C

2/2/03 1230	Admin. Note - hys for day 1 scant bloody drainage from site, will F/U 2/3/03 12:30 Adl x 2 days J Glenn LNP-C
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J GLENN FMP-C

3/1/03 1100	Admin Note H/O PCN allergy, given Keflex on 2/1/03, appears not reaction
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D. Olson, MD
Clinical Director

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

FBI McKean

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

51627-060

Siggers, Kevin

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR

FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
10/16/02 1400	See injury report this date. Rx: Aspirin 500 mg error 10/16/02 Tylenol 500 mg $\frac{1}{4}$ po q 6-80 prn #30 NR J. Glenn FNP-C
10/16/02 Violetta Geza, PharmD. RPh Chief Pharmacist	J. GLENN, FNP FCI MCKEAN
1-16-02 2120	S: Called down from unit by unit officer. Stated I/M cut his fingers @ work & they are still bleeding. O: NAD. Thumb & 3rd finger of (R) hand \approx .5cm \times .2cm lacerations across palmar aspect. at phd. Edges clean, scant blood @ thumb wound. A: Minor lacerations $\times 2$ P: Wounds cleansed \approx H ₂ O ₂ + NS. Dermabond + steri-strips applied to thumb. Band-aids applied to thumb & 3rd finger. PT education: Keep wound clean & dry. Remove dress 1-2 days. KTC prn. PT understands. BONNIE SAYLOR, NP FCI MCKEAN
2/1/02 1230	⑤ c/o pain & swelling lt. lower arm had a cut that is now infected states he picked at the sore 5 wash hands. Pain 3 on 1-10 scale. ⑥ NAD 99-66-18 122/64 lt. forearm area 3" by 4" edema, erythema & two open areas @ scant drainage Warm to touch ⑦ cellulitis lt. forearm (cont) J. Glenn FNP-C

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
8/2/01 2145	See Injury Report Sandra L. Rimer, RN
8-11-01 1030	IM "no show" for FBS. Bonnie Saylor, NP-C Bonnie Saylor, NP
09/06/01 1930	See Injury Report Sandra L. Rimer, RN
9/7/01 0845	ST. presented for Fx (C) ankle sprain from (C) ankle, good strength & pt tender over lateral malleolus & heel effusion Debrided pulses veins sens intact A Ankle Sprain 2° to foot hall p prelin x-ray (C) for Fx Sent Tylenol as needed & elev to rest p & d Chondroitin Fx p/w Reviewed by D. Olson, MD Date: 9/7/01 C. Todd Montgomery AHSA/SMLP

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.
			WARD NO.

Siggers, Kevin
51627-060

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 8-97)

Prescribed by GSA/ICMR

FIRM (41 CFR) 201-9.202-1

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
2/5/01 0845	S- Concerned Re: FMH DM Polyuria Polydipsia. C- SKIN W/D. & edema BP 122/76 A/C Good Skin turgor A- Muc exam. P- Ptd Assoc Re DM. Order FBS Rtc m. Unpleasant W. Flatt, MLP		
2/14/01 2025	See injury report Gracia Fairbanks, MLP		
8/2/01 1330	S: Pt reported episode of rectal bleeding due to hemorrhoids slight constipation. O: Anal, w/o actual bleeding, swelling, itching, bruising, discomfort; Anal: non painful, normal sounds. A: Hemorrhoids / Constipation.. P: (1) H.C. Suppositories #1 box T BID (Notally a medical (2) Nitroceine oint #1 use 1/2 x after each bowel movement. (3) Stool Softners. #30 T BID (Norm dinner) (4) ↑ fluid intake vegetables, fruits, avoid spicy foods. (5) ATN to Sp needed. (6) Pt uncooperative. J. Gomez, MLP		
Reviewed by D. Olson, MD Date: 7/3/01			
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Siggers Kevin
 51627-060

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

PSYCHIATRIC CLINIC: MOOD DISORDER

SUBJECTIVE:

1. Reports From Institution Staff (social isolation, altered level of activity, disruption in sleep pattern): *none*

2. Inquiry into current medical or psychological concerns of patient:

3. Medication Compliance and Presence of Side Effects: *feels good, wants to stop Trazodone - says doesn't need it anymore*
*been refusing - none*4. Use of Psychological Services: *yes*5. Current appetite: *good*6. Sleep pattern: *good*7. Ability to work: *good*8. Current hobbies and sources of entertainment: *OK*9. Status of relationships with significant relations, peers and staff: *OK*

10. Near and long term plans and goals:

11. Inquiry into mood, feelings of guilt, self-reproach, excessive guilt, worthlessness, and thoughts of death: *none*

PATIENT'S IDENTIFICATION (Use this space for ical Imprint)

RECORDS
MAINTAINED AT:

FCI MCKEAN HEALTH SERVICES

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

DATE OF BIRTH

CHRONOLOGICAL RECORD OR MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)
Prescribed by GSA and ICHM
FIRM (41 CFR) 201-45.505

DOC (Back)

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	OBJECTIVE:
	1. Grooming and hygiene: <i>ml</i>
	2. Weight:
	3. Cognitive impairment (ability to focus on issues, realistic goals): <i>impairment</i>
	4. Affect: <i>ml</i>
	5. Volition (Interest in the environment, ability to initiate and maintain goal directed behavior):
	ASSESSMENT: Axis I: <i>12/0 Depression</i>
	1. Diagnosis: Axis II:
	Axis III: <i>anxiety</i>
	2. Presence of symptoms which warrant close follow up (e.g., suicidal ideation, extreme withdrawal, sense of hopelessness, agitation) or Need for special accommodation: <i>none</i>
	3. Medication Compliance, Side Effects, Drug Interactions: <i>refuses ml</i>
	PLAN:
	1. Therapeutic Goals: Provide for the safety of the patient, assist patient in management of depression through use of: support groups, increased participation in activities which patient regards as meaningful, development of positive past times, pharmacological therapy and individual counseling:
	2. Patient Education: Understanding nature of illness and symptoms, participation in meaningful activities, cultivation of positive social relationships, utilization of staff resources for crisis intervention, stress management, medication compliance, medication goals (maintain the patient symptom free at lowest possible dosage). <i>refusal form signed</i>
	3. Return to clinic: <i>DC</i>
	4. Medications: <i>① DC Trazodone</i>
	<div style="display: flex; justify-content: space-between;"> <div> <p>Patent Education</p> <p>Review</p> <p>Special Instruction</p> <p>C. Oyler, R.P.C.</p> </div> <div> <p>D. Olson, MD</p> <p>Clinical Director</p> </div> </div>